

● PRINTER RUSH ●
(PTO ASSISTANCE)

H.C.
S.F.

Application : <u>10/63/260</u>	Examiner : <u>Bareford</u>	GAU : <u>1762</u>
From: <u>L01 (CA)</u>	Location: IDC <u>(FMF)</u> FDC	Date: <u>2/21/06</u>

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[RUSH] MESSAGE:	<u>Please Charge issue fee</u>
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[XRUSH] RESPONSE:	<u>None</u>
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Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or indicated otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

06/01/2005

PRAXAIR, INC.
LAW DEPT - M1557
39 OLD RIDGEBURY ROAD
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY/DOCKET NO.	CONFIRMATION NO.
10/631,260	07/31/2003	Thomas A. Taylor	CS-21318	1591

TITLE OF INVENTION: METHOD OF SHIELDING EFFLUENTS IN SPRAY DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAREFORD, KATHERINE A	1762	427-454000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. GERALD L. COON

2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

PRAXAIR S.T. TECHNOLOGY, INC.

441 Sackett Point Road, North Haven, CT. 06473

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Gerald L. Coon

Date

6/23/05

Typed or printed name

Gerald L. Coon

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29,910

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